

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date:: 01/04/02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: No

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: SPINAL NEEDLE SYSTEM

Attorney Docket Number:: 170134.401

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency?:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Vincent
Middle Name:: E.
Family Name:: Bryan
Name Suffix::
City of Residence:: Mercer Island
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 4624 E. Mercer Way
City of mailing address:: Mercer Island
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98040

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alex
Middle Name::
Family Name:: Kunzler
Name Suffix::
City of Residence:: Issaquah
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 22748 S.E. 43 Court

City of mailing address:: Issaquah
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98029

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
----------------------------------	--	--------------

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

D:\NrPortbl\Manage\ATHENAP\245956_1.DOC